Custodians of Veteran Health Care

Discussion paper by Swords to Plowshares, February 23, 2016

Reinforcing the VHA's Core Competency

The Commission on Care must be a prudent custodian of the health care system that so many veterans rely on. This requires building on the strengths of the current veteran health care system and remedying its weaknesses. Transformation for its own sake—change that does not build on strengths and target weaknesses—is reckless.

The current veteran health care system provides essential services that must be preserved. The Independent Assessments show that the VHA provides high-quality services, and repeated statements from veteran groups show that they are valued. The VHA provides better quality health care on average than outside care[1]; it provides care more cheaply than outside care on average[2]; it more reliably identifies and responds to the special medical, mental health, and cultural needs of veterans[3]; it more effectively responds to the social determinants of health; it effectively identifies emerging health care needs of veterans; it provides a better accountability mechanism for changing the composition and quality of care. The Commission should not recommend changes that would undermine these strengths.

The VHA's unified, comprehensive care delivery model makes these results possible. Fragmented health care delivery models have higher unit costs and higher administrative costs; they provide less well-coordinated and therefore lower quality care; they are less able to identify and respond to the complex and comorbid medical and mental health problems common among veterans; they are less able to provide the intensive case management required to address the social determinants of health; they are less able to monitor and understand emerging veteran health issues; and they do not provide veterans of a mechanism for insisting on particular standards of care.

This is the VA's "core competency": looking at the whole veteran, knowing all the ways that their health care may differs from the non-veteran population, and providing wraparound medical, mental health, and social services necessary to maximize health outcomes at lowest unit cost. This

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[1] "VA outpatient care outperformed non-VA outpatient care on almost all quality measures. VA hospitals performed the same or better than non-VA hospitals on most inpatient quality measures." Independent Assessment B.

[2] Congressional Budget Office, "Comparing the Costs of the Veterans' Health Care System With Private-Sector Costs."

[3] "Overall, Few Civilian Providers Are Prepared to Serve Military Populations. Only 13 percent of surveyed civilian providers met all the readiness criteria. Providers who met the threshold for cultural competency did not necessarily meet the other threshold for providing evidence-based care. Providers who work primarily in a military or VA setting were significantly more likely to meet all criteria than providers who do not." RAND Corporation, "Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families."

approach has paid off through better health outcomes, lower costs, and high veteran satisfaction. The Commission's responsibility is to change anything necessary in order to preserve this core competency, and change nothing that would put it at risk.

These outcomes cannot be achieved by a fragmented delivery system. Some private health care providers also have unified delivery models and achieve some of these results, however they are not present in most markets and do not screen for or adequately address veteran-specific health care. The hope that loose networks of affiliated practitioners can replicate the same standard of wraparound medical, mental health and social services has not been demonstrated.

There is still much that needs to be changed in order to preserve this core competency for the future. However we need to explicitly recognize that we are making changes in order to preserve this asset, or we risk losing it.

What "integrated health care" means to the veteran

To date, the Commission on Care has primarily analyzed health care from the industry perspective, defining "integrated health care" in terms of the relationship between payers, regulators and providers. This is backwards. A design analysis should start with the desired outputs and then decide how to achieve it, not start with the desired inputs and hope for the best. This means starting with the perspective of the veteran patient.

These are the characteristics of integrated health care from the patient's perspective:

1. I know that there is one door I can walk through to have health care issues addressed.
2. I am treated for my overall health care, not isolated conditions. My health care is provided via interprofessional, team-based care, with comprehensive primary care as its anchor. I have a point of contact who actively coordinates my care.
3. My provider knows that I am a veteran and is capable of handling the mental health and internal medicine problems particular to veterans. At a minimum, this means that my providers will screen for the chronic health conditions and acute traumas associated with military service.[4] If I screen positive, services are co-located so that my experience is of a "one stop shop" nature.
4. The social needs that affect my health and well-being, such as housing and transportation, are part of my comprehensive care. The system provides or facilitates access to these services.
5. My medical information will be shared automatically between specialist providers.

[4] Alcohol use, tobacco use, depression, PTSD, diabetic eye/foot/nephropathy, flu immunization, suicide risk, pain, homelessness, Southwest Asia service, Agent Orange exposure, military sexual trauma, embedded fragments, abdominal aortic aneurysm, TBI, HIV, colorectal cancer, Hepatitis C risk, hypertension.

6. There is one patient advocate I can talk to about any care I have received.

Although fragmented providers may each achieve these outcomes for the services they provide, this can only be achieved from the patient's perspective if there is a unified comprehensive care provider.

Why this vision of "integrated health care" should be our design objective

- This is veterans' expectation of care from the VA. Surveys consistently report that veterans want this standard of care from the VA. The fact that veterans get upset when the VA fails to deliver on its promise only shows how much the veteran community had adopted this expectation for service quality.

- This is veterans' expectation of care based on their military experience. This is the standard for health care for active service members (Tricare Prime), where DOD comprehensive medical facilities are the primary health care providers for all service members. Even for veterans who do not have a history of receiving VA care, any lower standard of care will be a reduction in service quality.

- Closely coordinated medical care produces better health outcomes. The industry term for this method of care delivery is the "Patient-Centered Medical Home" model, and a recent compilation of research showed that it provides consistently better health outcomes.[5] Fragmented or fee-for-service care providers are unable to provide the same degree of coordination because care coordination cannot typically be billed.

- Fewer administrative hurdles produce better health outcomes. Well-coordinated health care reduces administrative hurdles such as finding providers in network, getting referrals between providers, resolving billing issues with different providers, and ensuring that providers are communicating as necessary. These hurdles result in lower compliance and poorer coordination, reducing health outcomes. These obstacles may be minor for people in good health, or for people with the experience and resources to manage them. However veterans are on average poorer, older, and sicker than the general population, and a veteran health care system should be designed for them.

- Health care delivery of this type is more cost-efficient. Studies repeatedly show that well-coordinated health care is more cost-effective than uncoordinated care, both in terms of lower unit costs and lower administrative costs. [6]

[5] "The Patient-Centered Medical Home's Impact on Cost and Quality Annual Review of Evidence 2014-2015" (February 2016).
[6] Id.

- Identification and treatment of distinctively military disabilities requires close cooperation of internal medicine and mental health providers. Some people assume that musculoskeletal traumas are distinctive "military" disabilities that the VA should focus on. This is incorrect. This type of injury typically does not require care different from what civilian hospitals routinely provide. The medical conditions that are truly unique to military service often involve complex internal medicine: chronic heart, pulmonary, and other diseases associated with exposure to herbicides; undiagnosed chronic multisymptom illness associated with service in Southwest Asia ("Gulf War Syndrome"); cancers, renal failure and infertility associated with service at Camp Lejeune; medical and mental health conditions associated with military sexual trauma; chronic health conditions resulting from substance abuse related to mental health disorders. These conditions cannot be treated, or even identified, through fragmented care providers.

- Greater accountability and control over service delivery. We know about problems with veteran health care only because veteran health care is consolidated, and we can fix it only because it is under the direct control of people responsible for veteran care. VA wait times are not longer than outside wait times, and civilian health care providers are responsible for fraud as severe as what has been found in the VA; but we know about the problem for veterans getting VA care because we can monitor it, and we are able to fix the problem because the VA is subject to public direction. This is important not only for solving problems but also for rising to new challenges: when the American public realized the extent of military sexual trauma, the VHA was directed to roll out relevant services, adjust eligibility criteria, and place MST coordinators in every VA health facility. Providing that type of care across the country would have been impossible through a fragmented system where the VA is just an insurance payor.

The VA's current delivery model is best able to provide this model of care

Very few providers currently deliver this type of integrated health care. Some health care providers, such as Kaiser Permanente, provide very similar wraparound health care services. However the number of providers like this, and the number of markets where they operate, are simply too few to justify a strategic reliance upon them in lieu of VHA direct provision.[7] Some health policy analysts speculate that similar outcomes can be provided by fragmented care providers affiliated in a network, however none have delivered the health quality outcomes, depth of coordination, and range of integrated serves as true wraparound care.

There is a role for supplementary care capacity outside the VA, and this mechanism should be simplified and improved. However its role is to support the VHA, not replace it. This is the practice in

[7] The Center for Medicare and Medicaid Services recently abandoned an effort to create minimum access standards for insurance networks when providers stated that compliance was unfeasible. See Modern Healthcare, "Obama administration backs off on ACA rules for 2017 health plans" (February 29, 2016) http://www.modernhealthcare.com/article/20160229/NEWS/160229878.

the military health system, where all active service members must use DOD health facilities unless patients are remote or when DOD facilities cannot handle the demand. It has also been the practice at the VA for decades. This practice should be streamlined, but the commitment to providing veterans with comprehensive, coordinated health services should not be compromised.

Our vision for veteran health care is to preserve the care model that has served veterans for a generation, and has been accurately described as "The best care anywhere." The Commission's focus should be on changing the VHA's operations, support, and management functions to strengthen its current health delivery model. The successes that the VA has achieved on behalf of veterans – on average outperforming the private sector on most measures of quality, cost, access, satisfaction, and health outcomes – are too valuable to abandon.

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